

Sample Documentation and Submission: Filling Out the Paper Forms

I. General

The new USDA BSE Surveillance Submission Form (Revision 08/12/04) and the USDA BSE Surveillance Submission Continuation Form (Revision 08/12/04) are to be used in place of the VS Form 10-4 and VS 10-4(a); the new USDA BSE Surveillance Data Collection Form (Revision 08/12/04) is to be used in place of the Supplemental Form for Brain Tissue Submission. Instructions for completion of these forms are provided below. Instructions are also provided on comparing the revised paper forms to the Web-based data entry screens in the BSE Surveillance Information System.

Subsequent to sample collection by the collector, the following forms should be thoroughly and accurately completed to ensure proper documentation, data entry, and submission of information concerning the samples sent to the appropriate laboratory for BSE testing. Submitters should use their professional judgment in reporting any information not directly observed, such as signs of clinical illness, or anything that was estimated, such as age of animal sampled.

Examples of the forms are shown in Attachment A and Attachment B in this Appendix. Copies of the forms are available for download at:

<http://www.aphis.usda.gov/vs/nvsl/specimencollectionbse.htm>

II. Completion of the paper “USDA BSE Surveillance Submission Form”

NOTE: A separate submission form must be completed for each collector, collection site, or collection date.

Collection Site Type: Mark type of location at which the sample(s) was collected. If samples are collected from more than one site type, a separate submission form must be used for each set of samples.

Reserved for Testing Laboratory Accession or Identification Label: This section is reserved for the testing laboratory use. Do not mark in this area.

BSE Referral Number: Write in the Referral Number. The BSE Referral Number is used to associate the BSE Surveillance Submission Form to the BSE Surveillance Data Collection Form. The Referral Number must be recorded at the top of each Data Collection Form. The number must be a unique identifier for the submission that will not be duplicated in any other BSE surveillance submission.

The Referral Number format suggested for APHIS sample collections consists of 12 alpha numeric characters (other formats that result in a unique identifier are also acceptable):

- First two characters indicate the State code: e.g. CO (Colorado), or WA (Washington)
- Second three characters are the collector's initials: First, Middle, Last (if no middle name, skip middle digit)
- Next six characters are the collection date: MMDDYY: e.g. 080704 (August 7, 2004)

- Last character is a letter representing which submission form of the day it is for the collector: A-First, B- Second, etc.

Example 1. COSAJ060104A

Translates to: Colorado – Steven Allen Jones – June 1, 2004 – first submission of the day.

Example 2. COSAJ060104B

Second submission by Steven Allen Jones for that day from that collection site.

The Referral Number for FSIS sample collections should be in the following format:

- First set of up to five characters are the FSIS Establishment Number (do not include preceding zeros or following letters; e.g., 00245 M is just “245”)
- Second three characters are the collector initials: First, Middle, Last (if no middle name, skip middle digit)
- Next six characters are the submission date: MMDDYY
- Last character is a letter representing which submission of the day it is for the collector: A-First, B- Second, etc.

Example. 477CSH080404A

Translates to: FSIS Establishment 00477 – Charles Scott Henry – August 4, 2004 – first submission of day.

Collection Site: Ensure that the National Premises ID (if available for the Collection Site) is entered, or the FSIS Establishment Number where the sample was collected. Enter all the requested data for the collection site. If samples are collected from more than one site, a separate submission form must be used for each collection.

Slaughter Site: Mark the box if the slaughter site is the same as the collection site; otherwise be sure to enter all the requested information on the slaughter site. Be sure to enter the FSIS Establishment Number or the National Premises ID (if available). Leave this section blank for non-slaughter animal samples. (Note: The title line is shaded gray because the slaughter site information is not required if it is the same as the collection site. Check the box, if the information is the same.)

Collected By: Enter all of the information requested for the person that actually collected the sample. A separate submission form must be used for each collector.

Submitted By: Enter requested information for the person submitting the sample to the laboratory (the submitter) only if that submitter is a different person than the sample collector. If they are the same person, just check the box. (Note: The title line is shaded gray because the “submitted by” information is not required if it is the same as the information recorded in the collected by box.)

Sample Information: Enter the total number of samples that are included with the submission in the appropriate space. In addition, indicate how those samples are going to be preserved for shipping.

Attach a sample ID bar code label for each sample submitted with this form. If bar codes are not used, record sample ID numbers in sequential order including the BSE referral number as the first component of the Sample ID (e.g., COSAJ060104A001 or COSAJ060104A002). A USDA BSE Surveillance Data Collection Form must be attached for each sample (one per animal). Be sure to record the referral number and sample ID number on each attached data collection form. Use the “USDA BSE Surveillance Submission Continuation Form” if there are more than 20 samples included with the submission.

Collection Date: Date the samples were collected. All samples on one form must be collected on the same day. (MM/DD/YYYY format)

Shipping Date: Date the samples were shipped (submitted) to the laboratory. (MM/DD/YYYY format)

Testing Lab: Enter the name of the Laboratory (or Laboratory ID) where the samples are being sent for diagnostic testing.

Signature of Submitter: Submitter must sign the form.

Condition: For lab use only.

Distribution: For lab use only.

Received By: For lab use only.

Received Date: For lab use only.

Airbill / Shipment Tracking No.: For lab use only.

III. Completion of the paper “USDA BSE Surveillance Data Collection Form”

NOTE: A separate data collection form must be completed for each sample collected.

Date: The date the sample was collected. This date should match collection date on the submission form. (MM/DD/YYYY)

BSE Referral Number: Enter the referral number from the BSE Surveillance Submission Form which must accompany this data collection form. In the future there may be bar code labels generated for referral numbers; if available, they would be attached in this block.

BSE Sample ID: Place the bar code provided with sample kit or enter the sample ID number referenced on the accompanying BSE Surveillance Submission Form. If no bar code is available, use the following numbering scheme provided for the BSE Surveillance Information System Program. The sample ID number format is the referral number followed by 001, 002, etc.

Examples: COSAJ060104A001
 COSAJ060104A002

477CSHS080404A001

Primary Reason for Submission: Use professional judgment to select the one choice that best describes the primary reason this sample is being taken.

Select “Highly suspicious for BSE (as described in VS Memo 580.16)” if the animal being sampled is demonstrating clinical signs of or has a clinical history consistent with the definition of “highly suspicious for BSE” as described in VS Memo 580.16 that is indicative of BSE. This type of sample should be submitted as a Foreign Animal Disease (FAD) investigation directly to NVSL according to the FAD submission guidelines.

Select “Nonambulatory / disabled (Downer)” if the animal is being sampled primarily because it is nonambulatory periodically or continuously.

Select “Dead” if the available history only indicates that the animal is dead with none of the preceding conditions as described above.

Select “CNS signs” if the animal is being sampled because it has demonstrated central nervous system signs.

Select “Other clinical signs that may be associated with BSE” if the animal is being sampled because it has demonstrated clinical signs that may be consistent with BSE such as emaciation, tetanus (tetany), or injuries.

Select “Rabies suspect” for all animals that were initially identified for testing for rabies because of clinical signs or clinical history.

Select “FSIS – Antemortem condemned at slaughter” for animals that are condemned by FSIS personnel prior to slaughter and are sampled at the slaughter plant or after being sent to a collection facility.

Select “Apparently healthy adult animal at slaughter” if the animal is chosen to be sampled according to the guidelines of the apparently healthy animal surveillance program. (Note – if this reason for submission is checked, the only Clinical Sign that should be and must be checked is the box labeled “Apparently Healthy Adult at Slaughter”).

Owner or Source Information: Enter the National Premises ID for the premises on which the sampled animal was last held or resided, if available. Otherwise, enter as much of the requested information as is known.

Animal Information: Enter all information as requested.

- Examine the animal’s mouth to determine if the 2nd incisor has erupted, if so, check “Yes” box.
- Enter the animal’s age as the number of months or the number of years (in whole numbers only). For instance, if the animal is 2 ½ years old, enter 30 months. If purebred records or other official sources of age are used as the source of the animal’s age, check the “Recorded” box. Otherwise indicate that the age was estimated by checking the “Estimated” box.

Country of Origin: If it is known that the animal originated from a country other than the United States of America, write the name of the country in the space provided.

Animal ID Information: In the appropriate boxes, enter all of the ID that the animal has. If the animal has more than one Official Silver Tag, include up to two in the appropriate box and include any additional tags in the Other ID boxes. Be sure to include the FSIS Condemnation

Tag # if available. The recording of the animal ID should be in accordance with the SOP for Animal Identification Recording. If the animal is branded with either a “Hot Iron Brand” or “Freeze Brand” describe to the best of your ability, for example, “Circle Bar T” in the appropriate box.

Breed: Enter the apparent breed of the animal. If “Other” is checked, fill in the breed in the provided space.

Clinical Signs: Enter at least one clinical sign, even if it is “Unknown.” Use professional judgment in box selection and ensure that contradictory signs are not checked. If “Other” is checked, be sure to indicate the clinical sign in the “Comments” section at bottom of page. The box for “Apparently Healthy Adult at Slaughter” should only be checked if the Primary Reason for Submission was selected to be “Apparently Healthy Adult at Slaughter”.

FSIS Condemnation Codes: Enter the appropriate antemortem condemnation code – one box must be checked if the animal is condemned by FSIS.

IV. Comparison of differences between the current BSE web-based data entry screens and the revised BSE submission and data collection forms

Some known discrepancies exist between the current submission and data collection forms and the existing data entry screens in the web-based BSE Surveillance Information System, however, it is important to begin using the revised forms as soon as possible even though the changes to the data entry screens and the data base will require additional time to effect.

Because collector information is no longer required on the supplemental form, **IT IS ESSENTIAL TO VERIFY THAT A REFERRAL NUMBER AND DATE ARE PRESENT AND LEGIBLE ON ALL DATA COLLECTION FORMS.**

Filling out the 10-4 Submission Online Form

Note: The numbers below correspond to data entry blocks on the Web-based data entry screens. It is assumed that the person performing the following data entry is already familiar with use of the online forms.

1. Name of Submitter – This should be the submitters name as noted on the “Submitted By” box on the BSE Surveillance Submission Form. Select from the drop down box during data entry into the online system.

3. Location of Animals – This information should be entered as noted in the “Collection Site” box on the paper BSE Surveillance Submission Form.

5, 6, 7. Unavailable on current paper form, and can be skipped when entering data on the Web forms.

8. Examination Requested – Enter “BSE Surveillance Testing.”

9. Collected by – Enter name and other information for the person physically collecting the sample as noted in the “Collected By” box on the paper submission form.

10. Date Collected – Enter the date as noted on the bottom of the submission form in the “Collection Date” box.

11. Authorized by – Applicable state AVIC will be automatically filled in by the Web form.

12. Purpose of Submission – Select “Surveillance” unless the animal was sampled because it was a BSE Suspect (as indicated in the Primary Reason for Submission); in which case chose “FAD/EP Diagnostic.”

14. Referral Number – Enter the “BSE Referral Number” from the submission form. This number is also used to associate the sample IDs in section 20 (see below) to each supplemental form. Ensure that the Referral Number is recorded on each attached paper data collection form.

15. Preservation Method – Record information as indicated in the Sample Information line of the submission form.

16. Specimens Submitted – Select the box labeled “Tissue.”

17. Total Number of Specimens Submitted – There is no limit to the number of samples which may be submitted using one BSE referral number. For each sample, a separate “USDA BSE Surveillance Data Collection Form” is required. Please ensure that the number of collection forms submitted match the number of samples listed on the submission form.

18. Species or Source – “Select “Bovine” from the drop down box.

19. Total Number of Subjects Sampled – Automatically filled in as samples are entered into the online form.

20. Identification – This is where sample ID information for each sample included in the submission will be entered. At least one Sample must be entered for each submission. Enter information for each sample on a separate 10-4 Supplemental Form screen by clicking the “Add Sample” button.

Filling out the 10-4 Supplemental Online Form

State, Date, and Collector - Information is entered automatically.

BSE Sample # - Enter the BSE Sample ID as noted on the BSE Surveillance Data Collection Form.

Owner or Source Information – Enter the National Premises ID, if provided on the form, and all information about the owner or source as noted in the Owner or Source Information box on the data collection form. If only partial information is known, select the “Unknown” box, then

enter all information that is known in the fields provided (partial information can only be entered if the “Unknown” box is checked). If there is no owner information available, the “Unknown” box must be checked.

Animal Information – Select “Add Animal ID” button. When pop up box appears, enter all of the animal ID information provided. If an “Official Silver Tag, Official Vaccination Tag, or Official Bangle Tag” is provided, the “ID Type” selected from the drop down list should be “Official ID”. If either “Hot Iron Brand” or “Freeze Brand” is provided, the “ID Type” selected from the drop down list should be “Brand”. “Collection Site Tracking Number and Slaughter Tracking Number” can not be entered as an Animal ID type at this time and if provided should be entered as a “Comment” at the bottom of the *10-4 Supplemental Online Form*.

NOTE: Animal ID entries are limited to 15 alphanumeric characters – entering more than 15 characters will result in a database error!

After entering each provided Animal ID’s, click Submit. When all ID’s are entered, enter the sex, age and breed of the animal as recorded on the data collection form.

Sex – If the data collection form indicates that the animal is a neutered male, it should be entered as a “Castrated Male” on the Web form. Likewise, if a neutered female is indicated, it should be entered as a “Spayed Female”.

Age – The collectors are now being required to record the age of the animal in either months or years. Select the appropriate age range to accommodate the age indicated.

Breed – Select the indicated breed from the drop down list provided.

CNS Clinical Signs and Clinical Signs – The paper data collection form combines these signs into a box called “Clinical Signs.” Please transfer them into the appropriate boxes on the online submission form.

Condemnation Codes – Enter FSIS Condemnation Codes (if applicable) from box on bottom of paper data submission form.

Categories – The information to fill in the “On Farm” drop down box or the adjacent “Other” drop down box can be obtained by combining the information available in the “Collection Site Type” in the upper left hand corner of the BSE Surveillance Submission Form and from the “Primary Reason for Submission” field at the top of the BSE Surveillance Data Collection Form.

Repeat the steps for this section listed above for each separate USDA BSE Surveillance Data Collection Form. Press “Submit” when all sample information is entered. Verify that each sample added is included in item **20. Identification**, when returning to the online 10-4 submission form prior to pressing “Submit” to submit that form to the BSE Surveillance Information System.

Attachment A: USDA BSE Surveillance Submission Form

USDA BSE SURVEILLANCE SUBMISSION FORM				Page of
COLLECTION SITE TYPE <input type="checkbox"/> Slaughter Plant <input type="checkbox"/> Diagnostic Lab <input type="checkbox"/> Renderer <input type="checkbox"/> 3D-4D <input type="checkbox"/> On Farm <input type="checkbox"/> Public Health Lab <input type="checkbox"/> Other: _____		Reserve for Testing Laboratory Accession or Identification Number		BSE Referral Number:
COLLECTION SITE		SLAUGHTER SITE or ✓ if <input type="checkbox"/> Same as Collection Site		
PREMISES ID _____ or FSIS Plant # _____		PREMISES ID _____ or FSIS Plant # _____		
Name: _____		Name: _____		
Street: _____		Street: _____		
City: _____ State: _____ Zip: _____		City: _____ State: _____ Zip: _____		
County: _____		County: _____		
Phone: _____ Fax: _____		Phone: _____ Fax: _____		
E-Mail: _____		E-Mail: _____		
COLLECTED BY		SUBMITTED BY or ✓ if <input type="checkbox"/> Same as Collected By		
Name: _____		Name: _____		
Street: _____		Street: _____		
City: _____ State: _____ Zip: _____		City: _____ State: _____ Zip: _____		
Phone: _____ Fax: _____		Phone: _____ Fax: _____		
E-Mail: _____		E-Mail: _____		
Please use a separate submission form for each collector and collection date. Attach a separate Bar Code Sticker (if available) for each sample in the spaces below. Sample ID's must match Sample ID's on BSE Surveillance Data Collection Forms. Attach a separate BSE Surveillance Data Collection Form for each animal.				
SAMPLE INFORMATION		NUMBER OF SAMPLES: _____		PRESERVATION: <input type="checkbox"/> Ice Pack <input type="checkbox"/> Other _____
BSE Sample ID	BSE Sample ID	BSE Sample ID	BSE Sample ID	
BSE Sample ID	BSE Sample ID	BSE Sample ID	BSE Sample ID	
BSE Sample ID	BSE Sample ID	BSE Sample ID	BSE Sample ID	
BSE Sample ID	BSE Sample ID	BSE Sample ID	BSE Sample ID	
BSE Sample ID	BSE Sample ID	BSE Sample ID	BSE Sample ID	
ADDITIONAL DATA (attach additional page(s) if needed)				
COLLECTION Date: _____		TESTING LAB:		SIGNATURE OF SUBMITTER:
SHIPPING Date: _____				
CONDITION: Lab Use Only	DISTRIBUTION: Lab Use Only	RECEIVED BY: Lab Use Only	RECEIVED DATE: Lab Use Only	AIRBILL / SHIPMENT TRACKING NO.: Lab Use Only

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Attachment B: USDA BSE Surveillance Data Collection Form

USDA BSE Surveillance Data Collection Form			Date:		BSE Referral Number: Please Use Bar code if Available				
PRIMARY REASON FOR SUBMISSION (Select One) <input type="checkbox"/> Highly suspicious for BSE (as described in VS Memo 580.16) <input type="checkbox"/> Nonambulatory / disabled (Downer) <input type="checkbox"/> Dead <input type="checkbox"/> CNS signs <input type="checkbox"/> Other clinical signs that may be associated with BSE <input type="checkbox"/> Rabies suspect <input type="checkbox"/> FSIS – Antemortem condemned at slaughter <input type="checkbox"/> Apparently healthy adult at slaughter					BSE Sample ID: Please Use Bar code if Available				
Owner or Source Information			Animal Information						
Premises ID:			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
Name:			Dentition 2 nd Incisor Erupted: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Street:			Age: _____ <input type="checkbox"/> Years <input type="checkbox"/> Estimated						
City: _____ State: _____ Zip: _____			<input type="checkbox"/> Months <input type="checkbox"/> Recorded						
County: _____ Country: _____			Country of Origin (Only if KNOWN to be other than USA): _____						
Phone: _____ Fax: _____									
E-mail: _____									
Official Silver Tag#	Official Vaccination Tag#	Official Bangle Tag#	Condemnation Tag#	Back Tag#					
Owner Ear Tag#	Collection Site Tracking#	Slaughter Tracking#	Hot Iron Brand	Freeze Brand					
Ear Tattoo	Microchip/Electronic ID	Other ID Type: _____	Other ID Type: _____	Other ID Type: _____					
Breed (Select one) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Angus <input type="checkbox"/> Brahman <input type="checkbox"/> Brangus <input type="checkbox"/> Brown Swiss <input type="checkbox"/> Charolais </div> <div style="width: 33%;"> <input type="checkbox"/> Chianina <input type="checkbox"/> Galloway <input type="checkbox"/> Guernsey <input type="checkbox"/> Hereford <input type="checkbox"/> Holstein </div> <div style="width: 33%;"> <input type="checkbox"/> Jersey <input type="checkbox"/> Limousin <input type="checkbox"/> Maine-Anjou <input type="checkbox"/> Milking Shorthorn <input type="checkbox"/> Polled Hereford </div> <div style="width: 33%;"> <input type="checkbox"/> Polled Shorthorn <input type="checkbox"/> Red Angus <input type="checkbox"/> Santa Gertrudis <input type="checkbox"/> Shorthorn <input type="checkbox"/> Simmental </div> <div style="width: 33%;"> <input type="checkbox"/> Other Beef: _____ <input type="checkbox"/> Other Dairy: _____ <input type="checkbox"/> Crossbred Beef <input type="checkbox"/> Crossbred Dairy <input type="checkbox"/> Unknown </div> </div> List Breed if Other: _____									
Clinical Signs (Select all that apply, at least one) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Abnormal Gait <input type="checkbox"/> Aggressive <input type="checkbox"/> Apprehension / Nervous <input type="checkbox"/> Ataxia (uncoordinated) <input type="checkbox"/> Belligerent <input type="checkbox"/> Blindness <input type="checkbox"/> Bug Eyed (bulging eyeballs) <input type="checkbox"/> Circling <input type="checkbox"/> Coma (unconscious) </div> <div style="width: 33%;"> <input type="checkbox"/> Convulsions / Seizures <input type="checkbox"/> Dead – Unknown Cause <input type="checkbox"/> Decreased Milk Yield <input type="checkbox"/> Depressed <input type="checkbox"/> Down (describe in comments) <input type="checkbox"/> Droopy Lip or Eyelid <input type="checkbox"/> Excessive Bellowing <input type="checkbox"/> Frenzy / Hysteria / Mania <input type="checkbox"/> Grinding Teeth </div> <div style="width: 33%;"> <input type="checkbox"/> Head Pressing (against object) <input type="checkbox"/> Head Tremors <input type="checkbox"/> Injuries (poss. CNS related) <input type="checkbox"/> Licking Muzzle <input type="checkbox"/> Nystagmus (eye movements) <input type="checkbox"/> Off Feed <input type="checkbox"/> On Side (head back, paddling) <input type="checkbox"/> Overly Excitable <input type="checkbox"/> Paralyzed / rigid or relaxed Pupils: <input type="checkbox"/> Dilated <input type="checkbox"/> Pinpoint </div> <div style="width: 33%;"> <input type="checkbox"/> Sensitive to Light <input type="checkbox"/> Shifting Ears <input type="checkbox"/> Stupor <input type="checkbox"/> Tetany <input type="checkbox"/> Tremors <input type="checkbox"/> Thin (underweight) <input type="checkbox"/> Weak / rigid or relaxed <input type="checkbox"/> Other (describe in comments) <input type="checkbox"/> Apparently Healthy Adult at Slaughter </div> </div>									
FSIS Condemnation Codes (Select one – ONLY if FSIS has made one of these designations) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Degen & Dropsic 099 <input type="checkbox"/> Actinomycosis & Actinobacillosis 101 <input type="checkbox"/> Misc. infectious dz. 199 <input type="checkbox"/> Arthritis 201 <input type="checkbox"/> Mastitis 203 <input type="checkbox"/> Metritis 204 <input type="checkbox"/> Pericarditis 206 <input type="checkbox"/> Pneumonia 208 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Misc. inflamm dz. 299 <input type="checkbox"/> Epithelioma 302 <input type="checkbox"/> Malignant lymphoma 303 <input type="checkbox"/> Misc. neoplasms 399 <input type="checkbox"/> Abscess/pyemia 501 <input type="checkbox"/> Septicemia 502 <input type="checkbox"/> Toxemia 503 <input type="checkbox"/> Nonambulatory 445 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Injuries 605 <input type="checkbox"/> Pigment conditions 607 <input type="checkbox"/> Myiasis 402 <input type="checkbox"/> General misc. 699 <input type="checkbox"/> Residue 609 <input type="checkbox"/> Other reportable dz. 900 <input type="checkbox"/> Misc. parasitic cond. 499 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Tetanus 105 <input type="checkbox"/> Vesicular dz. 110 <input type="checkbox"/> CNS disorders 601 <input type="checkbox"/> Dead 603 <input type="checkbox"/> Moribund 606 <input type="checkbox"/> Pyrexia 608 <input type="checkbox"/> Rabies 615 </td> </tr> </table>						<input type="checkbox"/> Degen & Dropsic 099 <input type="checkbox"/> Actinomycosis & Actinobacillosis 101 <input type="checkbox"/> Misc. infectious dz. 199 <input type="checkbox"/> Arthritis 201 <input type="checkbox"/> Mastitis 203 <input type="checkbox"/> Metritis 204 <input type="checkbox"/> Pericarditis 206 <input type="checkbox"/> Pneumonia 208	<input type="checkbox"/> Misc. inflamm dz. 299 <input type="checkbox"/> Epithelioma 302 <input type="checkbox"/> Malignant lymphoma 303 <input type="checkbox"/> Misc. neoplasms 399 <input type="checkbox"/> Abscess/pyemia 501 <input type="checkbox"/> Septicemia 502 <input type="checkbox"/> Toxemia 503 <input type="checkbox"/> Nonambulatory 445	<input type="checkbox"/> Injuries 605 <input type="checkbox"/> Pigment conditions 607 <input type="checkbox"/> Myiasis 402 <input type="checkbox"/> General misc. 699 <input type="checkbox"/> Residue 609 <input type="checkbox"/> Other reportable dz. 900 <input type="checkbox"/> Misc. parasitic cond. 499	<input type="checkbox"/> Tetanus 105 <input type="checkbox"/> Vesicular dz. 110 <input type="checkbox"/> CNS disorders 601 <input type="checkbox"/> Dead 603 <input type="checkbox"/> Moribund 606 <input type="checkbox"/> Pyrexia 608 <input type="checkbox"/> Rabies 615
<input type="checkbox"/> Degen & Dropsic 099 <input type="checkbox"/> Actinomycosis & Actinobacillosis 101 <input type="checkbox"/> Misc. infectious dz. 199 <input type="checkbox"/> Arthritis 201 <input type="checkbox"/> Mastitis 203 <input type="checkbox"/> Metritis 204 <input type="checkbox"/> Pericarditis 206 <input type="checkbox"/> Pneumonia 208	<input type="checkbox"/> Misc. inflamm dz. 299 <input type="checkbox"/> Epithelioma 302 <input type="checkbox"/> Malignant lymphoma 303 <input type="checkbox"/> Misc. neoplasms 399 <input type="checkbox"/> Abscess/pyemia 501 <input type="checkbox"/> Septicemia 502 <input type="checkbox"/> Toxemia 503 <input type="checkbox"/> Nonambulatory 445	<input type="checkbox"/> Injuries 605 <input type="checkbox"/> Pigment conditions 607 <input type="checkbox"/> Myiasis 402 <input type="checkbox"/> General misc. 699 <input type="checkbox"/> Residue 609 <input type="checkbox"/> Other reportable dz. 900 <input type="checkbox"/> Misc. parasitic cond. 499	<input type="checkbox"/> Tetanus 105 <input type="checkbox"/> Vesicular dz. 110 <input type="checkbox"/> CNS disorders 601 <input type="checkbox"/> Dead 603 <input type="checkbox"/> Moribund 606 <input type="checkbox"/> Pyrexia 608 <input type="checkbox"/> Rabies 615						
Comments:									

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Quick Start Guide - BSE Lab Submission Webpage

Website address for accessing the BSE Lab Submission Webpage:

<https://nahln.aphis.usda.gov/nahln/jsp/login.jsp>

Quick Overview

The USDA is initiating a surveillance program to determine if any evidence of bovine spongiform encephalopathy (BSE) exists in the U.S. cattle population. Private practitioners, along with rendering plant, slaughter plant, industry, university, federal and state personnel are assisting with this effort.

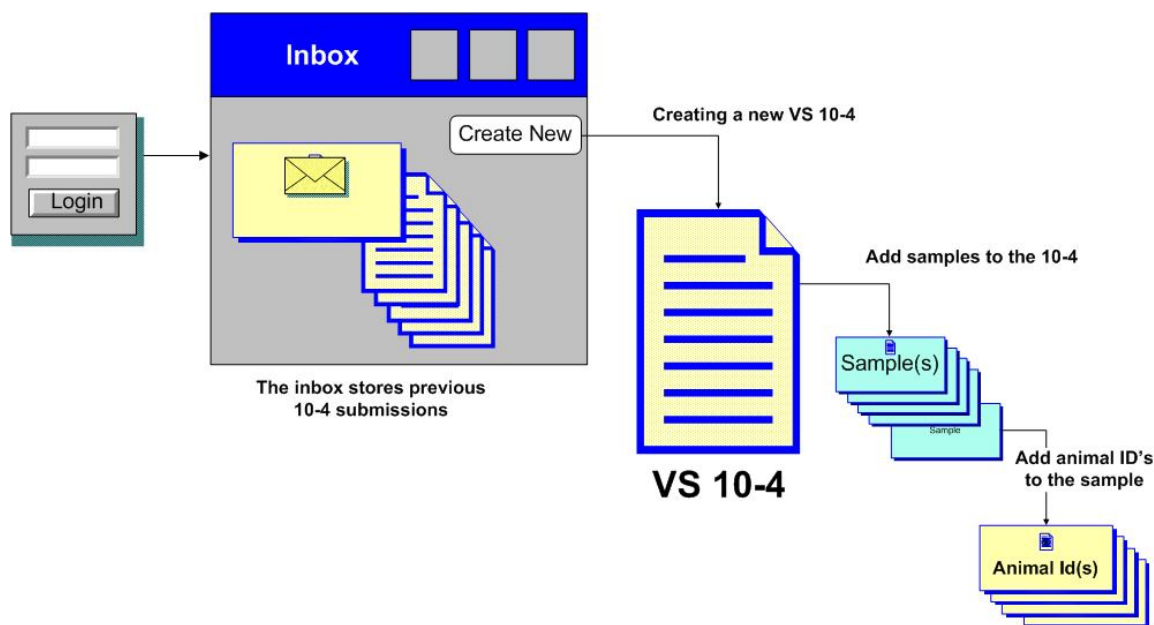
Appropriate tissue samples from cattle will be collected by the authorized personnel and submitted to pre-designated animal disease diagnostic laboratories. The samples will be tested with a rapid screening test and the submitters (personnel who sent the sample to the laboratory) will be notified of the result. The USDA APHIS VS Area Veterinarian-in-Charge of the State where the sample was collected will also be notified of the results.

In order for the surveillance program to be successful, key information needs to be entered at the time that the sample is collected and when the sample has been tested. There will be two methods for entering this information – via the BSE Lab Submission Webpage and also via tablet PCs at high-volume collection sites.

This Quick Start Guide provides directions for the use of the BSE Lab Submission Webpage; additional documentation will be distributed with the tablet PCs.

The BSE Lab Submission Webpage is used for entering and transmitting data from a handwritten USDA BSE Surveillance Submission Form. After entering and submitting the information, the data are then stored in the National Animal Health Laboratory Network (NAHLN) in order to correlate the test results with the appropriate samples collected.

Pictorial Overview of the BSE Lab Submission Webpage



Steps to Creating a New Lab Submission:

Steps	Details
1. CREATE NEW VS 10-4	Information is filled out on the “VS 10-4” Webpage form. Fields marked with an asterisk (*) are required fields.
2. ADD SAMPLES	A secondary Web form, the “10-4 Supplemental,” is used to add Animal Sample(s) to the electronic 10-4. At least one sample must be added to each 10-4. Multiple samples can be attached to one form. In fact, there is no limit to the number of samples that can be attached to one VS 10-4.
3. ADD ANIMAL ID'S	A third Web form is used to associate Animal ID(s) (i.e., ear tag, tattoo, etc.) with each sample. At least one animal ID must be added to each sample. If an animal possessed more than one animal ID, then multiple ID's can be added to each individual sample as well.
4. SUBMIT TO LAB	The completed 10-4 form is submitted. This transmits the information to the selected lab. If you are not able to complete the form at this time, it can be saved to the Inbox to be completed and submitted at a future time.
5. SHIP/NOTIFY LAB	A copy of the paper BSE Surveillance Submission Form is included with the shipment of samples and the lab is notified (by phone, email, fax, etc.) that the samples are being shipped. The following day, the submitter should verify through the overnight carrier that the shipment arrived.

What Role am I?

Since users of the BSE Lab Submission Webpage perform different tasks, they are granted different capabilities (roles) with respect to the information that is collected through the BSE Lab Submission Webpage.

The role that you have been granted is dependent on your job role. Examples of different roles are AVIC, Epidemiologist, Data Entry Clerk, Submitter, Lab Technician etc. The username that you use to log on to the system controls the type of role that you have. For instance, a Data Entry Clerk at a certain location can enter, modify and delete all information pertaining to samples that have been entered and submitted by her; but she cannot access or review information regarding samples collected at another location. A Laboratory Technician can enter the test results for samples that have been sent to her lab for testing, but cannot modify any of the previous information regarding that sample. An AVIC can view information on samples collected in her State or originating from her State, but she cannot modify the information or view samples originating from other states, unless she is responsible for those states.

Username and passwords for the BSE Lab Submission Webpage are completely separate of any other usernames and passwords that you may have. In other words, the username/password that you use to log on to your computer, Lotus Notes, GDB or any other system has no relationship to your login for the BSE Lab Submission Webpage.

For more detailed information regarding roles and their privileges, please consult Attachment C in this Appendix.

Logging In

To begin entering information on the BSE Lab Submission Webpage, use your Web browser to connect to the following page:

<https://nahln.aphis.usda.gov/nahln/jsp/login.jsp>

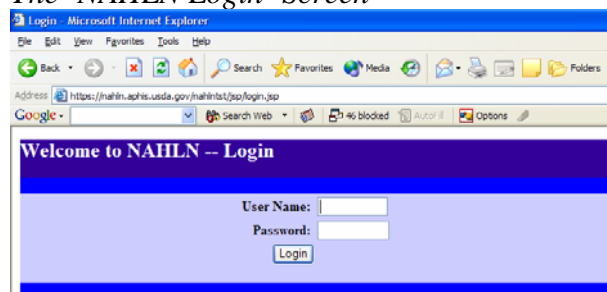
You will know that you are at the correct location if you see the following screen:

The ‘Security Alert’ Screen



Click ‘Yes’ to proceed to the next screen – the “NAHLN Login” screen.

The 'NAHLN Login' Screen

A screenshot of a Microsoft Internet Explorer browser window. The title bar says "Login - Microsoft Internet Explorer". The address bar shows "https://nahln.aphis.usda.gov/nahln/stp/login.jsp". The page has a blue header with the text "Welcome to NAHLN -- Login". Below the header, there is a light blue background with two input fields labeled "User Name:" and "Password:". Below the password field is a button labeled "Login".

Type in the User Name and Password that have been assigned to you. The User Name and Password are case-sensitive – meaning you need to enter uppercase (capital) or lowercase letters exactly as they appear in your assigned User Name and Password. After successfully entering your User Name and Password, you will be presented with the “NAHLN Welcome” screen.

The 'NAHLN Welcome' Screen

A screenshot of a Microsoft Internet Explorer browser window. The title bar says "Welcome to the NAHLN Application - Microsoft Internet Explorer". The address bar shows a long URL starting with "https://nahln.aphis.usda.gov/nahln/stp/login.jsp?sessionid=908b785756c246268364ab32a2f5c900_mQUM=295ew3UahN0GaiD3Rv4TtqRgSaH8Tav4L_nPahMSRck". The page has a blue header with the text "Welcome to the NAHLN Application.". Below the header, there is a light blue background with several paragraphs of text. At the bottom, there are two buttons labeled "Accept" and "Decline".

Please read the conditions for use of the NAHLN system; then click '**Accept**' to proceed. If you decline the terms of use, you are not allowed further into the NAHLN Application.

If you accept the conditions you will proceed to the next screen – the “BSE Inbox” screen.

The BSE Inbox

The 'Inbox' Screen

If this is the first time that you are in your inbox, you will see the message 'No submissions found'. Once you have entered and saved or submitted information, the submission numbers, and other key information, from all of your previously entered data will be displayed (as shown above). At this point, you can view previously entered information, modify existing information, or enter a new submission.

In the screen above there is one submission (COJAF060104A) already listed. Clicking on this number will allow you to view, or edit that submission. You may edit any submissions that you have previously 'Saved'. You can only view submissions which have already been 'Submitted' to a lab.

Alternatively, you may choose to create a new Submission/Order. Other functions that you can perform at this time are identified in the table below:

Guide to the 'Inbox Screen'

Field	Purpose
Submission/Sample	Input search criteria. You may use the % sign as a wildcard. For example, %WE% would find 'WEST' as well as 'KOWE'. In addition, searches are case-sensitive, %WE% will <u>not</u> find 'kove'.
Buttons	Action Performed
Search	Clicking on this button will search for any submission or sample numbers in your Inbox using whatever criteria you have typed into the 'Submission/Sample' field (which can be found to the left of the 'Search' button).
Clear	Clears the Submission/Sample field to permit a new search.
Create New Submission/Order	Clicking on this button will begin the process of creating a new electronic VS 10-4.
Links	Link Destination
Inbox	Clicking on this link always returns you to your Inbox. Since you are currently in your inbox, it will have no effect.
Logout	Clicking on Logout will log you out of the BSE Lab Submission Webpage.
Links at bottom of page	Clicking on these links, (i.e., 'Home', 'About USDA', etc.) will take you to the indicated destination. The site will open in a new browser window.

Creating a Sample Submission

The Upper Portion of the '10-4 Submission' Screen

USDA United States Department of Agriculture
Bovine Spongiform Encephalopathy

aphis.usda.gov | VS BSE

Inbox Logout

10-4 SUBMISSION

Status:

***1. Submitter** Ray Sagehorn

3. Location of Animals

***State Collected** Colorado

***Testing Lab** CO State University Veterinary Diagnostic Lab

Premises ID No Premises IDs for CO

County Larimer

***Address** 2150 Centre Ave.

Street

Fort Collins CO 80526

City State Zip

Phone 970 4947301 123

*Area Code *Phone Number Ext.

Fax 970 4994729 123

Area Code Phone Number Ext.

Note: Fields preceded by an asterisk (*) are required fields.

Field	Purpose
*1. Submitter	The name of the person who will actually be submitting this form to the appropriate laboratory. This would be the field vet, private practitioner, or contractor who has been authorized to collect and submit BSE samples.
2. Name of Owner	This does not appear on this portion of the form. You will be prompted for it later when you add a sample to this submission.
3. Location of Animals	
*State Collected	The state from which the animal submission was collected. Select from the drop-down list.
*Testing Lab	This field will be filled in automatically after a state is selected.
Premises ID	The national premises ID from which the animal submission was collected.
County	The county from which the animal submission was collected.
*Address	
City	The city from which the animal submission was collected.
State	This field will be filled in automatically based on your input in the 'State Collected' field.
Zip	The five-digit zip code of the location from which the animal submission was collected.
Phone	
* Area Code	Three-digit area code
* Phone Number	Seven-digit phone number. Do not add a space or hyphen separator.
Ext.	Multiple digit or character extension.
Fax	
Area Code	Three-digit area code for fax
Phone Number	Seven-digit phone number for fax. Do not add a space or hyphen separator.
Ext.	Alphanumeric phone extension.
Links	Link destination
Inbox	Clicking on this link always returns you to your Inbox. You will receive the following message: "If you return to the Inbox now, you will lose any changes you may have made. Are you sure you want to do this?" You should save or submit your electronic 10-4 or else you will lose the information on the current 10-4 form if it has not been previously saved.

Logout	Clicking on Logout will log you out of the BSE Lab Submission Webpage. You should save or submit your electronic 10-4 or else you will lose the information on the current 10-4 form (if it has not been previously saved).
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The Lower Portion of the '10-4 Submission' Screen

Herd/Flock Information

5. Herd/Flock Size: 200

6. No. in Herd/Flock Affected: 2

7. No. in Herd/Flock Dead: 1

8. Examinations Requested

BSE Surveillance/Testing

9. Collected By

*Name: Joe Fieldvet

First Last

Email: jfieldvet@juno.com

***10. Date Collected**

06/10/2004

MM/DD/YYYY

***11. Authorized By**

Jerry Diemer

***12. Purpose of Submission**

FAD/EP Diagnostic

***13. Country of Origin**

United States

***14. Referral Number**

jf123

***15. Preservation**

Dry Ice

***16. Specimens Submitted**

Tissue

***17. Total Number of Specimens Submitted**

0

***18. Species or Source**

Bovine

***19. Total Number of Subjects Sampled**

0

***20. Identification**

Sample Number	BSE Sample ID	Breed	Age	Sex	On Farm	Owner
Click on 'Add Sample' to add a sample						

Buttons: Add Sample, Delete Sample, Modify Sample

Buttons: Cancel, Save, Submit, Delete

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Use the scroll bar (on the right hand side) to view the lower portion of the 10-4 screen.

Field	Purpose
Herd/Flock Information	
5. Herd/Flock Size	Number of cattle in herd where cow was at time of sampling.
6. No. in Herd/Flock Affected	Number of cattle in the same herd showing any CNS signs.
7. No. in Herd/Flock Dead	Number of cattle in same herd that have died within the last month.
8. Examination Requested	BSE Surveillance/Testing is automatically selected.
9. Collected by:	
*Name: First	First name of the person who physically collected the specimen.
Last	Last name of the person who physically collected the specimen.
Email	Email address of the person who physically collected the specimen.
*10. Date Collected	The date that the sample was physically collected.
*11. Authorized By	State AVIC. This field is automatically filled in.
*12. Purpose of Submission	Select either "FAD/EP diagnostic" or "Surveillance, depending if the sample was collected due to a FAD investigation or for BSE surveillance purposes.
13. Country of Origin	Not applicable ("United States" is a default).
*14. Submission (Referral) Number	This is a number entered by the submitter using the following format: 2 character State Code, 3 character submitter initials, 6 digit date (mmddyy), 1 or 2 digit sequential character. Example 1: COSAJ060104A Translates to: Colorado -Steven Allen Jones - June 1, 2004 - A (the first submission of the day) Example 2: COSAJ060104B (indicates second submission [10-4] of the day)
*15. Preservation	This field describes how the sample is preserved for shipping. Select from the drop-down list.

Appendix G: Forms

*16. Specimens Submitted	The specimen will always be 'Tissue'.
17. Total Number of Specimens Submitted	This field displays the total number of specimens submitted. There is no limit to the number of samples submitted by one form. A 10-4 continuation sheet will be automatically produced for more than 10 sample submissions. For each sample, a separate "10-4 Supplemental Form" is required.
*18. Species or Source	Accept the default of "Bovine" for cattle.
19. Total Number of Subjects Sampled	This field displays the total number of animals sampled. It is automatically filled in.
*20. Identification	This field will be blank until the 'Add Sample' button is clicked and identification is added to the samples.

Buttons	Action Performed
Add Sample	Clicking on this button will bring up a separate box allowing you to add samples. See the "Add Sample" screen below.
Delete Sample	If there is a sample that you have already added to this submission and you wish to delete the sample now, select the sample by clicking the radio button next to it and then click the 'Delete Sample' button. Samples can only be deleted one at a time.
Modify Sample	If there are samples that you have already added to this submission and you wish to modify them, select one of the samples by clicking the radio button next to it and then click the 'Modify Sample' button. Samples can only be modified one at a time.
Cancel	Clicking on this button will cancel the edits that you have already made and return you to the 'Inbox'. You will lose any information that you have entered on the current screen. If you have previously saved the submission, the saved version will still be intact.
Save	Clicking on this button will save your entry even if the 10-4 is incomplete. However, the laboratory will not have a record of your samples until you click 'Submit'. You can return to the 10-4 at a later time to modify, complete it and submit it.
Submit	Clicking on this button will submit your 10-4 to the laboratory. All required fields must be complete before clicking on 'Submit'. If there are required fields that are not completed, you will receive a message telling you what field(s) are incomplete and be given the opportunity to complete them. Once you submit a 10-4, you cannot edit it. Only the AVIC or Lab can modify a 10-4 after it has been submitted.
Delete	Clicking on this button will delete the 10-4 submission, even if it has been saved. You cannot delete a 10-4 that has already been submitted to the laboratory.

Links	Link Destination
Inbox	Clicking on this link always returns you to your Inbox. You will receive the following message: <i>"If you return to the Inbox now, you will lose any changes you may have made. Are you sure you want to do this?"</i> You should save or submit your electronic 10-4 or else you will lose the information on the current 10-4 form if it has not been previously saved.
Logout	Clicking on Logout will log you out of the BSE Lab Submission Webpage. You should save or submit your electronic 10-4 or else you will lose the information on the current 10-4 form (if it has not been previously saved).
Links at bottom of page	Clicking on these links, (i.e. 'Home', 'About USDA', etc.) will take you to the indicated destination. The site will open in a new browser window.

Adding Samples

The Upper Portion of the 'Adding Samples' Screen (10-4 Supplemental Form)

Field	Purpose
State where animal resided or carcass collected.	This field will be filled in automatically based on your input in the 'State Collected' field.
Date	This field will be filled in automatically with the date that the sample was physically collected.
BSE Sample #	<p><u>Preferred:</u> Use laboratory provided barcode when available.</p> <p><u>Secondary:</u> Use number of the format "Submission (Referral) Number" + "three-digit sequential tube number".</p> <p>Example 1: COSAJ060104A001 (1st sample of 1st submission of June 1, 2004)</p> <p>Example 2: COSAJ060104B013 (13th sample of 2nd submission of June 1, 2004)</p> <p>Note: See Line #14 for the format of the "Submission (Referral) Number"</p> <p>Laboratory results will be reported by this sample identification number.</p>
Owner or Source Information	"Owner or Source" refers to the premises on which the sampled animal was last held or was last resident.
Unknown	Select "Unknown" if any of the information about the last premises is not known. If partial information is known, select "Unknown" and enter all information that is known in the fields below.
Premises ID of Farm/Owner	Self-explanatory. A future release will verify the national Premises ID against the national premID allocator.
*Name First	First name of the premises owner if known.
Last	Last name of the premises owner if known.
*Address	Street address of the premises owner if known.
City	City of the premises owner if known.
State	State of the premises owner if known.
Zip	Zip code of the premises owner if known.
Phone	
*Area Code	Three-digit area code
Phone Number	Seven-digit phone number. Do not add a space or hyphen separator.
Ext.	Multiple digit or character extension.
Collector Information:	The name and address of the collector will be filled in automatically based on your previous input.

The Lower Portion of the 'Adding Samples' Screen (10-4 Supplemental Form)

***Animal Information**

Animal ID: ID Description:

Click on 'Add Animal ID' to add an ID

*Sex: *Age: *Breed:

***CNS Clinical Signs:**

☒ Aggressive or belligerent or frenzy ☐ Stupor ☐ Pin point pupils
☒ Apprehension or nervous ☐ Coma or unconscious ☐ Dilated pupils
☐ Over excitable or hysterical ☐ Down and paddling ☐ Nystagmus
☐ Ataxia or abnormal gait ☐ Thin ☐ Paralyzed
☐ Convulsions/seizures or tetany or tremors ☐ Excessive bellowing ☐ Weak
☐ Blindness ☐ Head tremors ☒ Aimless wandering
☐ Circling ☒ Head pressing ☐ Clinically normal

Clinical Signs:

☐ Anorexia ☒ Bug eyed ☐ Sensitivity to light
☐ Decreased milk yield ☐ Droopy lip/droopy eyelid ☒ Repetitive shifting of ears
☒ Depressed ☐ Grinding teeth ☐ Died of unknown causes
☐ Downer ☐ Excessively licking muzzle ☐ Other

Comments and further description of clinical signs:

Condemnation

Categories

On Farm: Slaughter Plants / Renderers / Diagnostic Labs / Other Sources

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Field	Purpose
*Animal Information	
*Sex	The sex of the animal that was sampled. Select from the drop-down list.
*Age	The age of the animal that was sampled. Select from the drop-down list.
*Breed	The breed of the animal that was sampled. Select from the drop-down list.
*CNS Clinical Signs	You are required to select one or more of these check boxes to provide information pertinent to CNS (central nervous system) clinical signs. Professional judgment should be used regarding which boxes to check. Some combinations of checkboxes could be contradictory (e.g., "over excitable" contradicts "clinically normal").
Clinical Signs:	You may select one or more of these check boxes to provide information pertinent to Clinical signs. Professional judgment should be used regarding which boxes to check. Some combinations of check boxes could be contradictory.
Comments and further description of clinical signs	Add further information or comments about clinical signs.
Condemnation	Select from the drop-down list the reason for condemnation of the affected animal.
Categories:	(Select from only <u>one</u> category box as appropriate!)
On Farm:	Select from this drop-down list if the sample was collected on a farm.
Slaughter Plants/ Renderers/ Diagnostic Labs/ Other Sources	Select from this drop-down list if the sample was collected at a slaughter plant, renderer, etc.
Buttons	Action Performed
Cancel	Clicking on this button will cancel the edits that you have already made and return you to the Inbox. You will lose any information that you have input on the current screen. If you have previously saved the submission, the saved version will still be intact.
Save Supplemental	Clicking on this button will save your work even if the submission is incomplete. You can return to the submission at a later time and modify or complete it.
Add Animal ID	Clicking on this button permits you to add an animal ID to the sample. See "Adding Animal ID's" below for details.
Delete Animal ID	If there is an animal ID that you wish to delete, select the animal ID by clicking the radio button next to it, then click the 'Delete Animal ID' button. You can only delete one animal ID at a time.

Adding Animal ID's

The 'Add Animal ID' Screen

Field	Purpose
*Animal ID:	Enter an individual Animal ID of the animal for this sample. Animal ID's can be of the type found in the 'ID Type:' drop-down list. You will be provided the opportunity to enter additional ID's, one at a time.
*ID Type:	Select the ID type of the animal for this sample from the drop-down list.
Buttons	Action Performed
Submit	Clicking on this button will add the Animal ID that you have entered to the current sample.
Cancel	Clicking on this button will cancel 'Adding an Animal ID' and return you to the current sample. You will lose any information that you have input on the current screen.

Congratulations, you have now entered all of the prerequisite information! You may now enter additional animal ID's for this sample.

After you return to the main form, you may then add additional samples. If you have no additional samples to enter, you may then click on 'Submit' to transmit this sample to the appropriate lab.

If you still have additional edits to make to this form, you may 'Save' the form and return to work on it at a future time. You will be able to access it from your BSE Inbox.

Printing 10-4 and Supplemental Forms

A printed copy of each 10-4 and its attached supplemental forms should be placed in the box with actual samples prior to shipping to the laboratory. At this time – just use the 'Print' button provided by your Web browser for each page. Enhanced printing capabilities will be added to the BSE Lab Submission Webpage in the near future.

Entering Laboratory Test Results

Some changes are currently being made to make it easier to enter the test results at the sample-processing laboratories. Additional documentation will be sent to these labs in the near future.

Key Points to Remember

Use the 'Cancel' button to move to a previous page once you are logged into the BSE Lab Submission Webpage. The 'Back' button in your Web browser will affect the application operation. Avoid using the 'Back' button.

Use the 'Save' button only if you want to add or modify information prior to sending the information to the NAHLN (BSE) database and subsequently to the laboratory.

Once all information has been entered for the 10-4, remember to print each page prior to pressing the 'Submit' button.

Required fields are marked with an asterisk (*) – these fields must be entered.

Troubleshooting and Support

The BSE Lab Submission Webpage validates much of the information that you enter. If you receive an error message, you can frequently determine the cause of the problem simply by carefully reading the error message that appears at the top of each screen.

For additional support please call: 1-866-370-6611 (8:00 a.m. to 5:00 p.m. Mountain Time). Please be at your computer when calling.

Attachment C: User Roles

User role	Permissions
Submitter	Submit data for your own submissions.
	View Inbox with your own submissions and test result data.
AVIC	Submit and correct data for states in your area. Add, delete or correct premises information.
	View Inbox with all submissions and test result data from your area.
	View reports based on state(s) in your area.
	Approve/deny requests for submitter access.
	Distribute test results to appropriate personnel.
National BSE Epidemiologist	View Inbox with submission and test results for all submissions by lab, state, region and national.
	View reports based on submitters, states, region and national submissions.
Regional BSE Epidemiologist	View Inbox with submission and test results for submissions by state or labs within region.
	View reports based on submitters in their region and regional reports.
State BSE Epidemiologist	Submit data for your own submissions.
	View Inbox with all submissions and test result data from your state.
	View reports based on submitters in your own state.
NVSL	Submit lab results data.
	View submissions and test results for all submissions by all laboratories.
	View reports based on individual labs' submissions and test results.
State/Contract Labs	Submit lab results data.
	View submissions and test results for submissions to your own lab.
	View reports based on submissions and test results to your own lab